2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2004 08:00 AM DOCUMENT # 730912---**Secretary of State** 1. Entity Name THE EVERETT AND ALICE HESS FAMILY FUND, INC. Principal Place of Business Mailing Address 3505 CAMINO DEL RIO SOUTH 3505 CAMINO DEL RIO SOUTH SAN DIEGO CA 92108 US SAN DIEGO CA 92108 2. Principal Place of Business 3. Mailing Address Suite, Apt. II. etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 23-7396909 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANNO, ROBERT Street Address (P.O. Box Number is Not Acceptable) **4220 UNIVERSITY DR CORAL GABLES FL 33146** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age (NOTE: Registered Agent signature required when remstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SOT TITLE ☐ Delete TITLE Change ☐ Addition HESS, LAWRENCE NAME NAME U000000060982 6309 CYPRESS POINT RD STREET ADDRESS STREET ADDRESS SAN DIEGO, CAL 00000 02/23/04-80059-021 61.25 CITY-ST-ZIP CITY-SI-ZIP VD TITLE ☐ Change ☐ Delete MLE Addition HESS, ROGER NAME NAME 11000 HUNTOVER DR. STREET ADDRESS STREET AUDRESS **ROCKVILLE MD** CITY-ST-ZE CITY-ST-ZIP BILLE ☐ Delete TITLE ☐ Change Addition HESS, PHILIP NAME NAME 6035 WINTERTHUR STREET ADDRESS STREET ADDRESS ATLANTA GA CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change Addition MANE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete BILLE Change ■ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BDF Delete TITLE ☐ Change ■ Addition NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED